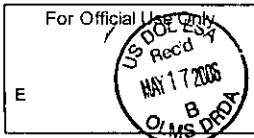


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>6924</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>DONALD FIORE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>370 VANDERBILT MOTOR PARKWAY</u> City <u>HAUPPAUGE</u> State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>	3. Name, file number, and address of labor organization. Name <u>ELECTRICAL WORKERS IBEW AFL-CIO LU 25</u> Labor Organization File Number <u>039-321</u> P.O. Box, Building and Room Number, if any _____ Street <u>370 VANDERBILT MOTOR PARKWAY</u> City <u>HAUPPAUGE</u> State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Donald J. Fiore</u>	On <u>5/12/06</u> Date	<u>631-434-4995</u> Telephone Number

Name of Person Filing DONALD FIORE	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name ANNUITY FUND OF THE ELECT IND OF LI</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 372 VANDERBILT MOTOR PARKWAY</p> <p>City HAUPPAUGE</p> <p>State NY ZIP Code + 4 11788-5133</p>	<p>14.a. Nature of payment.</p> <p>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN LAS VEGAS, NEVADA, JANUARY 22-26, 2005</p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;">1,168.63</p>

Name of Person Filing DONALD FIORE	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name ANNUITY FUND OF THE ELECT IND OF LI</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 372 VANDERBILT MOTOR PARKWAY</p> <p>City HAUPPAUGE</p> <p>State NY ZIP Code + 4 11788-5133</p>	<p>14.a. Nature of payment.</p> <p>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII, NOVEMBER 13-16, 2005</p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. 321.00</p>

Name of Person Filing DONALD FIORE	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing _____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received _____</p> <p>12.b. Amount _____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name I.B.E.W. LOCAL 25 401K FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 372 VANDERBILT MOTOR PARKWAY</p> <p>City HAUPPAUGE</p> <p>State NY ZIP Code + 4 11788-5133</p>	<p>14.a. Nature of payment.</p> <p>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN LAS VEGAS, NEVADA, JANUARY 22-26, 2005</p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment 1,168.63</p>

Name of Person Filing DONALD FIORE	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. 12.b. Amount _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name I.B.E.W. LOCAL 25 401K FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 372 VANDERBILT MOTOR PARKWAY City HAUPPAUGE State NY ZIP Code + 4 11788-5133	14.a. Nature of payment. REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII, NOVEMBER 13-16, 2005
13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment _____ 321.00

Name of Person Filing DONALD FIORE	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name I.B.E.W. LOCAL 25 PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 372 VANDERBILT MOTOR PARKWAY</p> <p>City HAUPPAUGE</p> <p>State NY ZIP Code + 4 11788-5133</p>	<p>14.a. Nature of payment.</p> <p>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN LAS VEGAS, NEVADA, JANUARY 22-26, 2005</p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. 1,168.63</p>

Name of Person Filing DONALD FIORE	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name I.B.E.W. LOCAL 25 PENSION FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 372 VANDERBILT MOTOR PARKWAY</p> <p>City HAUPPAUGE</p> <p>State NY ZIP Code + 4 11788-5133</p>	<p>14.a. Nature of payment.</p> <p>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII, NOVEMBER 13-16, 2005</p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. 321.00</p>

Name of Person Filing DONALD FIORE	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name I.B.E.W. LOCAL 25 HEALTH/BENEFIT FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 372 VANDERBILT MOTOR PARKWAY</p> <p>City HAUPPAUGE</p> <p>State NY ZIP Code + 4 11788-5133</p>	<p>14.a. Nature of payment.</p> <p>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII, NOVEMBER 13-16, 2005</p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;">321.00</p>

Name of Person Filing **DONALD FIORE**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **I.B.E.W. LOCAL 25 VHT FUND**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133**

14.a. Nature of payment.

REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII, NOVEMBER 13-16, 200513.a. Is the Business an Employer ☒ or Consultant ☐

14.b. Amount of payment.

321.00